PTO/SB/06 (07-06)

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Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 941313 Substitute for Form PTO-875 0 APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Calumn 3) **SMALL ENTITY** SMALL ENTITY (Calumn 1) ೧۷೬ HIGHEST CLAIMS PRESENT RATE(\$) RATE (S) ADD1-REMAINING NUMBER ADDI-EXTRA TIONAL TIONAL **PREVIOUSLY AFTER** PAID FOR FEE (\$) FEE (\$) ENT AMENDMENT Minus Total 10 20 (37 CFR 1.180) OR AMENDM Minus Independent (37 CFR 1.16(h)) OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) N/A OR N/A TOTAL TOTAL ADD'L FEE OR ADD'L FEE RCG (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS PRESENT ADDI-TIONAL NUMBER RATE (\$) ADDI-RATE (\$) REMAINING **EXTRA** TIONAL AFTER **PREVIOUSLY** /13 AMENDMENT FEE (\$) PAID FOR FEE (\$) 06 Total ENDME Minus 20 O 10 (37 CFR 1.16(1)) OR Minus 3 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II)) N/A OR N/A TOTAL TOTAL **OR** ADD'L FEE ADD'L FEE OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS **HIGHEST** REMAINING PRESENT NUMBER RATE (\$) ADDI RATE (\$) ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL MENDMENT PAID FOR FEE (S) FEE (\$) 匫 Total (37 CFR 1.16(1)) Minus OR ENDS Minus X OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(I)) OR N/A TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE (\$) ADOI. PREVIOUSLY **AFTER EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (S) 氫 Total Minus (37 CFR 1, 16(1)) AMENDM OR Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(I)) N/A OR NA TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.